



# YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

February 2, 2018

## BY ECFS

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission (FCC)  
445 12th Street, S.W.  
Washington, DC 20554

**Re: Comments of Yukon-Kuskokwim Health Corporation  
Promoting Telehealth in Rural America, WC Docket No. 17-310**

Dear Ms. Dortch:

Yukon-Kuskokwim Health Corporation ("YKHC") welcomes the Commission's recognition, in the Notice of Proposed Rulemaking adopted in the above-captioned proceeding, that "a well-designed Rural Health Care (RHC) Program is more vital than ever" to giving rural communities access to high-quality health care despite "the obstacles to healthcare delivery faced in isolated communities."<sup>1</sup>

For YKHC's patients in remote areas of southwest Alaska, the telemedicine services that the RHC Program makes possible often make the difference between life and death. However, the Program's artificially low cap and other challenges are putting these services at risk. YKHC therefore urges the Commission to fully fund the Program, reduce bureaucratic inefficiencies, and otherwise take steps to ensure the Program effectively meets the needs of rural communities.

*About YKHC.* YKHC provides health care services to approximately 30,000 people living in more than 50 rural and remote communities in southwest Alaska, across a region the size of the state of Washington. YKHC's services include primary, pediatric, and obstetric inpatient and outpatient care; behavioral health services, including psychiatric and substance abuse (inpatient and outpatient) counseling and treatment; dental and optometry services; and health education programs. In almost all cases, YKHC facilities provide the only regionally available health care services to the individuals living in these rural communities.

No roads connect the 50 villages in our vast region. Communities can only be reached by airplane, boat, or snow machine. Indeed, more than a dozen of the communities YKHC serves are more than an hour away (greater than 100 miles) from the YKHC Regional Hospital in Bethel by air — when the weather permits air travel at all.<sup>2</sup> To serve these communities and

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<sup>1</sup> *Promoting Telehealth in Rural America*, Notice of Proposed Rulemaking, 32 FCC Rcd 10631, 10632-33 ¶¶ 1-2 (2017) ("NPRM").

<sup>2</sup> See <https://www.ykhc.org/library/ykmap-miles&time.pdf> (last visited Feb. 2, 2018).

limit the need for patients to spend significant sums to come to Bethel by air, YKHC operates not only its Regional Hospital in Bethel but also five Subregional Clinics and 41 village clinics.

*How YKHC Uses Telemedicine to Serve Patients.* As Commissioner O’Rielly observed in his statement accompanying the *NPRM*, Alaska is “a telemedicine pioneer and hot spot by necessity.”<sup>3</sup> Today, YKHC’s ability to more effectively serve patients in the most rural, remote, and sparsely populated portions of southwest Alaska relies on the use of telemedicine, which in turn depends on telecommunications connectivity.

YKHC requires reliable access to data services capable of transmitting critical health care data between and among YKHC locations in southwest Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. To serve its patients, YKHC must be able to reliably transmit and receive on a 24/7 basis, among other items, patient electronic medical records, high-resolution medical images (such as CT scans), and real-time two-way communications used for telemedicine consultations and telepsychiatry services.

These constant data exchanges are crucial to YKHC’s operations on behalf of patients in southwest Alaska. For instance, YKHC generally does not have access to an on-site radiologist, but typically can have an image reviewed by a radiologist in Ohio within 15 to 20 minutes. YKHC also is able to monitor and videoconference with almost all of its clinic emergency rooms, and in 2016 and 2017 deployed upgraded telemedicine carts in all of its village clinics — enabling remote video conferencing and a variety of other features, including software for performing and saving ECGs and providing remote access to the resulting multimedia files.<sup>4</sup> These data-rich communications allow physicians at the Regional Hospital to quickly evaluate which patients require an immediate, expensive medevac flight to Bethel — which typically costs about \$20,000 — and which patients can be effectively treated closer to home or through a non-emergency appointment at the Regional Hospital.

*The Need to Increase the RHC Program Cap.* YKHC relies heavily on the RHC Program to secure, at affordable rates, the telecommunications services on which these capabilities depend. In reforming the RHC Program, the Commission should ensure that providers like YKHC have access to the support necessary to connect the rural communities they serve with health resources.

Accordingly, YKHC urges the Commission to raise the RHC Program’s existing cap — set more than 20 years ago at a time when health care communications needs and available capabilities were far more limited — to a level that ensures all eligible requests from rural health

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<sup>3</sup> Statement of Commissioner Michael O’Rielly, 32 FCC Rcd at 10711.

<sup>4</sup> See <https://www.ykhc.org/wp-content/uploads/2017/04/AR16-print-sm.pdf>, at 20 (last visited Feb. 2, 2018).

care providers can be met.<sup>5</sup> In addition, this increased cap should be adjusted annually for inflation to ensure available support remains constant in real terms.<sup>6</sup>

Likewise, YKHC opposes any proposal that would arbitrarily cap the amount of support a health care provider could receive based on the support received by other providers.<sup>7</sup> Myriad geographic and other factors unique to any particular rural health care provider may result in a calculated rural rate that appears unusually high, but that nonetheless is justified. Health care providers and their selected service providers in all cases should have a fair opportunity to demonstrate that the requested amount of support is appropriate, and to receive all the support that can be so justified. Otherwise, the Program rules would in effect be punishing health care providers for serving those rural areas where it is most expensive to obtain connectivity — precisely the areas where the RHC Program is most needed.

*Benefits of Streamlined Application Processes.* YKHC also supports proposals to streamline RHC Program application processes, such as by aligning the forms and existing documentation requirements between the Telecom Program and the HCF Program,<sup>8</sup> to reduce the associated administrative burdens on resource-constrained health care providers.

Conversely, YKHC urges the Commission to be cautious in adopting any new documentation requirements or similar bureaucratic burdens. In YKHC's experience, the existing bidding, application, and funding process already is highly complex and requires a robust amount of documentation. Yet despite maintaining such documentation, it took more than a year to resolve a series of inaccurate and inconsistent USAC funding rulings — even though the underlying issues were straightforward enough that the Commission ultimately granted YKHC's requests for review on a streamlined basis.<sup>9</sup>

Increasing the complexity of the funding process through additional recordkeeping, reporting, or similar bureaucratic requirements risks creating additional opportunities for error by applicants and USAC. To the extent the Commission adopts any such new requirements, the rules should include unambiguous standards for what documentation is required, and how it will be evaluated by USAC, so that applicants can rely on timely and predictable funding decisions.

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<sup>5</sup> See *NPRM*, 32 FCC Rcd at 10639 ¶ 16.

<sup>6</sup> See *id.* at 10640 ¶ 18.

<sup>7</sup> See *id.* at 10650 ¶ 56.

<sup>8</sup> See, e.g., *id.* at 10662 ¶ 97, 10664-65 ¶¶ 102-103.

<sup>9</sup> See generally, *Streamlined Resolution of Requests Related to Actions by the Universal Service Administrative Company*, Public Notice, CC Docket No. 96-45 *et al.*, DA 14-1526, at 6 (WCB Oct. 22, 2014); Yukon-Kuskokwim Health Corporation, RHC Nos. 10197, 10214, 10217, Request for Review, WC Docket No. 02-6 (filed May 27, 2014); Yukon-Kuskokwim Health Corporation, RHC Nos. 10182, 10188, 10197, 10214, 10217, Request for Review, WC Docket No. 02-6 (filed Oct. 13, 2013).

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YKHC looks forward to working with the Commission and other stakeholders to preserve and enhance the RHC Program's effectiveness in linking rural health care providers and their patients to the lifesaving resources they need.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Dan Winkelman', written over a horizontal line.

Dan Winkelman  
President and CEO  
Yukon-Kuskokwim Health Corporation